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OCCLUSION IN PERIODONTICS


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THE FORTNIGHTLY

Review

OF THE CHICAGO DENTAL SOCIETY

FEB 16 1953

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The Fortnightly REVIEW

OF THE CHICAGO DENTAL SOCIETY

Number 4
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EDWARD J. SULLIVAN
KARL S. RICHARDSON

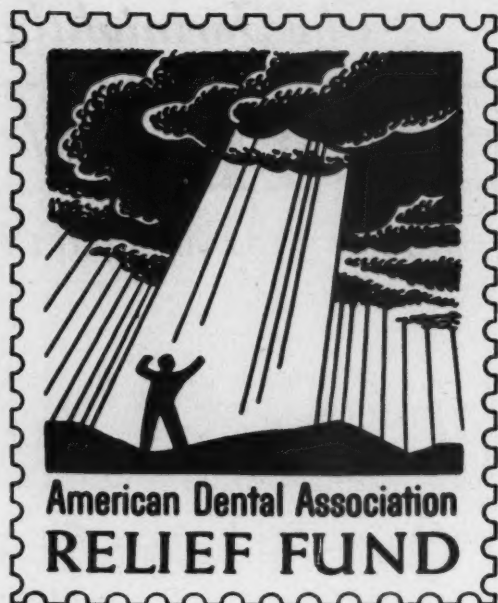
EDITOR
BUSINESS MANAGER

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The Fortnightly **REVIEW** *of*

THE CHICAGO DENTAL SOCIETY

February 15, 1953

Volume 25 • Number 4

What Membership in the Dental Society Means to Me

To me, membership in organized dentistry means an opportunity to join with other members of one of the finest professions, in a fellowship where, together, we can meet the many problems which confront us today; a fellowship, if we would but participate, in which the best and most modern in scientific progress is presented; where the best in efficient and economic operation of our offices is presented; and where social problems are discussed and plans laid for solving them.

Through organized dentistry, in a little more than 100 years we have risen from the position of a partially-trained craftsman to a position of pre-eminence in the healing arts professions. Today 90 per cent or more of the practicing dentists are members of organized dentistry and, because of our unity as a profession, we are able to stand as a bulwark against the encroachment of socialism. Through organized dentistry, a Bureau of Standards and Research is maintained; a Dental Health Education program is presented; a Council on Legislation is constantly alert to legislation affecting dental practice; a Council on Insurance whereby group insurance is made available to us; a Council on Relief that provides aid to those in distress, and a Code of Ethics is set forth; all these and many other services, each of which is worth the cost of membership.

Finally, through membership in our dental society we are stimulated to improve our professional skill and to better understand our professional problems, thereby enabling each one of us to better serve our fellowmen and help make our world just a little better.

When you are tempted to ask that old question, "What is organized dentistry doing for me?", stop and ask yourself this, "What am I doing for organized dentistry, beside paying my dues?" There is no surer fact than this, you will get no more out of it than you are willing to give. It is the men who have given more than their fair share who have raised our profession to its high estate. Can you do less?—*Elmer Ebert.*

Let's Help Them "Be Prepared"

We'd like to talk about the Boy Scouts for just a minute. We're for 'em. Not for any one individual Scout anymore than we are for any other American kid but we're for what they stand for and we want to support and further their aims and their ideals.

Maybe you don't happen to know it but this editor's desk—any editor's desk, probably—is a sort of State-and-Madison-at-five-p.m. for rafts and shoals of press releases touting every project, drive, campaign and cause under the sun. We do our honest best to winnow the wheat from the chaff and, once in a while, we glean a kernel of value from the incipient roughage. Here at hand today is one from the Chicago Council of the Boy Scouts of America and we are going to use the information it contains as a counterpoint in our argument. We are going to turn our back on it and look another way, thus:

This release tells about some of the things that Scouts do. For example, fifty thousand of them are going to meet in a national Jamboree on the shores of the Pacific in California where boys and their leaders from all walks of life, of all races and creeds will live together, exchanging skills, swapping home-town products and learning about the customs and traditions of the many sections of the nation. Living with the American boys will be scouts from fifty other nations representing the Scout organizations in their native lands. What a great experiment this is in citizenship and what a practical demonstration to the whole world of our own democratic way of life! And so it would go for all of the things Scouts do—the outdoor life, the hikes in the woods, the sun-filled hours on our lakes and the firelit shadows against the canvas walls of the tent.

But when we regard only these finite

things we lose sight of the basic good that Scouting can do for us today—the basic good it has always done, that has given it its stamina and verve. It does this: It teaches our youth, at their most easily impressed and receptive moment, the fundamental values of good conduct, those fundamental values that have borne the test of time. The whole hope of this nation and with it the Christian world depends upon the gleams that lead our youth. The concepts that they choose to guide themselves by will determine the nature of our whole culture; its stability and survival power under attack from more materialistic and godless philosophies will depend upon how well and truly our age-old principles and ethics are inculcated in the boys and girls of today. These things are not automatic—they do not occur in the genetic makeup of our people. They grow out of the cumulative contributions from familial, educational and religious sources. Opportunity for home teaching today is a remnant of time around the edge of the television set, our schools are overcrowded and our teachers overworked, our churches too often find a gap between their outstretched hands and the concerns of those they would guide. Here then is the real work of those who are in almost daily contact with our youngsters, their scoutmasters, coaches, educators, parent guides and all the rest. They have the golden opportunity to teach the creed that cuts across all the lines that border the separate faiths; that a Scout is trustworthy, loyal, helpful, friendly, courteous, kind, obedient, cheerful, thrifty, brave, clean and reverent.

Anything that you can do, or that we can do, to make this simple tenet a part of the experience of more young minds is an added stone to the rampart of our civilization.

WALTER E. KELLY

President

West Side Branch



Walter E. Kelly, president of the West Side Branch of the Chicago Dental Society, was graduated in 1934 from the Chicago College of Dental Surgery, Loyola University.

Dr. Kelly has served on most of the committees of his branch and has held the offices of vice-president, secretary and program chairman. For the parent society, he has served on the Exhibit Registration, the Registration and Credentials and the Information Committees, having been chairman of the Information Committee of a past Midwinter Meeting.

ABSTRACTS

MANDIBULAR ANESTHESIA

Many times when we are certain that we have established complete anesthesia following the mandibular block, and symptoms indicate the extraction will be painless, the patient's reaction to pain stimuli shows the injection to be unsuccessful. This article gives us test methods to help us determine if the injection "has taken."

In mandibular block we are in reality anesthetizing three separate nerve branches, and if one of the three remains unanesthetized we cannot perform painless surgery. The three involved nerves are the inferior alveolar, the lingual, and the buccinator, or long buccal. In the majority of cases, the lingual and buccinator nerves are reached by diffusion when we block the inferior alveolar, but if we do not obtain anesthesia of one or more of the three involved nerves with the initial injection, it is necessary to anesthetize them separately. Following are the test methods and the symptoms of anesthesia that we can expect when each nerve is blocked.

If we use a pair of cotton pliers and apply pressure on the buccal area between the bicuspid and in the region of the mental foramen, we can tell immediately if pain is produced. No pain indicates complete anesthesia of the inferior alveolar. The presence of anesthesia of the lingual nerve is determined when we apply pressure with the cotton pliers on the lingual aspect of the area in which we are going to operate. To determine buccinator anesthesia we use pressure in the area supplied by the buccinator—the soft tissues in the region of the buccal gingival aspects of the lower molars.

Very often we obtain excellent anesthesia of the inferior alveolar and lingual nerves, while failing to anesthetize the buccinator nerve by diffusion. A sup-

plementary infiltration injection in this area will correct the situation. If we familiarize ourselves with the symptoms of and tests for mandibular anesthesia, our pain control will be greatly improved. —"SYMPTOMS OF AND TESTS FOR MANDIBULAR ANESTHESIA," by Dr. Hillard R. Nevin. *Dental Items of Interest*, November, 1952. O. C. L.

TRIGEMINAL NEURALGIA

During a ten year period, 1938-48, 689 cases of trigeminal neuralgia were observed. The treatments given were trigeminal rhizotomy and alcohol injections, with the rest of the group receiving no treatment at all. Observations showed trigeminal rhizotomy to be a more satisfactory procedure than alcohol injections in the average case, giving a much larger percentage of relief from pain. Some discomfort results from both treatments, but the relief from pain compensates. Postoperative facial palsy occurred in a small percentage, but was never permanent. —"TRIGEMINAL NEURALGIA." *The Journal of the American Medical Association*, November 15, 1952. O. C. L.

SUGAR AND THE DENTAL PLAQUE

As a result of limited laboratory experiments, and on the basis of theoretical considerations, it is suggested that the dental plaque is a natural protection against dental caries. When this plaque becomes contaminated with acidogenic bacteria and concentrated sugars are present, the plaque is penetrated and caries results. Acid fruit juices and natural sugars, which, with the exception of honey, never occur in concentrated form,

(Continued on page 27)

EDITORIAL

ARE YOU A HYPOCRITE?

During the hearings before the Master-in-Chancery it was found that some members of the Chicago Dental Society were submitting work orders to a few of the laboratories that are defendants in the Society's pending lawsuit. Most of these individuals are probably doing so only out of ignorance, and we feel certain that if these persons knew the implications of their actions, they would take immediate steps to remedy this situation.

When a person sends work to an illegal laboratory he does many things. He weakens the position of the Chicago Dental Society in our lawsuit against the illegal laboratories; he adds strength to these laboratories; he helps to destroy the aims of organized dentistry; he hurts his own reputation and standing, not only in the dental society, but also in his own neighborhood.

In this fight against the "bushwackers," the aid and encouragement of all our members is earnestly solicited. The Chicago Dental Society is a governing body set up by you members to do your work, and this lawsuit is your lawsuit, so don't hurt yourself by helping those against whom you are fighting.

The best way to help now is to gather every available scrap of information concerning these laboratories and their relations with some of our own patients. Several dentists have recently supplied information that was used immediately. These patients, having dealt with the illegal laboratories, appeared voluntarily before the Master-in-Chancery, gave testimony, and strengthened our suit by supplying information previously lacking concerning the specific laboratories. In spite of the fact that we are certain that some laboratories are practicing illegally, specific evidence against them is required to legally prove our case. Regardless of how insignificant a piece of evidence may appear to the layman, its judicial implications may be tremendous, so give the Chicago Dental Society any information you may discover regarding persons having dealt with the illegal laboratories.

Help yourself—fight the "bushwackers."

OLE DOC BRADY DOES IT AGAIN

Many times in the past, the health editor of the *Chicago Daily News* has spouted off about dental subjects, and most of the time with the uncanny ability to add to the confusion of the already-confused minds of his readers. About as consistent as the weather, and as fickle as a new bride, the honorable doctor gives advice on anything from corns to pyorrhea. It is this latter subject that warrants our attention. In a recent editorial in the Chicago paper, the good doctor quotes a letter, evidently one of many on the subject, stating "My dentist says that I have pyorrhea and should have all my teeth removed. Have you any suggestions for one with pyorrhea?" Doctor Brady replied, "Yes, I urge every one with pyorrhea who may be advised by a physician or dentist to have all his or her teeth extracted to sleep on it for a week or two (maybe three)." He continues by saying, "I do not pretend to know more about pyor-

rhea than the general run of doctors, dentists or specialists do. I do know as much about it as they do. And let me tell you, that isn't much."

It is nice that Dr. Brady admits his own ignorance on this subject, but by saying that others know little about it goes to prove his ignorance. Feeding this kind of tripe to the public helps to destroy the confidence in dentistry built up over the years. And since when does any physician have the right to say when a person should lose his teeth? By following this line of thought, dentists would be allowed the prerogative of diagnosing acute appendicitis and instructing the patient as to whether or not to have it removed. Dr. Brady does not even show the common courtesy of saying physicians and dentists instead of doctors and dentists as he has stated. There are many doctors besides physicians, or has the medical editor missed that point, too?

To make things worse, he concludes his article by stating that "Removing all of the remaining teeth because the dentist finds some pyorrhea is like removing all the fingers so they won't get infected by a felon on the thumb."

The diagnosis and treatment of pyorrhea has kept pace with the steady progress made by dentistry during the last half century. The importance of diet, habits, occlusion, contact points and general health on pyorrhea has been thoroughly studied by dental researchers and our knowledge of the cause and the treatment of this disease now parallels any other section of dentistry. Years ago the most common and accepted treatment for pyorrhea was the radical extraction of teeth, but this has long since been abandoned for much more conservative but successful treatment, and extraction is only indicated when all other treatments have been explored. Evidently, Dr. Brady's lack of dental knowledge is acute, and we have high hopes that his poorly founded editorials on dental health will be discontinued.

* * *

TECHNICOLOR

We never gave much thought to the effect that the foods we ate would have on the color of our skin until we ran across an article from jolly old England. Seems a woman over there had doctors completely baffled because of her tendency to turn yellow. She solved the problem herself—told the doctors: "I just quit eating carrots all the time, and now I'm quite all right."

Now we don't want to start throwing any disturbing thoughts around, but did you ever stop to think that the "miracle" product chlorophyll is what gives leaves, grass, etc. their *green* color? And almost everything these days has chlorophyll added to it. Don't worry about it though—you'll probably be able to have a choice of colors, since there is chlorophyll A (blue-green) and chlorophyll B (yellow-green). Just a thought.

* * *

Housewife: "Doctor, you know that operation you performed on me? You didn't leave a scar!"

Doctor: "Yes I know. I'm very proud of that."

Housewife: "But what am I going to show my bridge club?"

The Problem of Occlusion in Periodontics and General Dental Practice†

Balint Orban, M.D., D.D.S., Chicago, Ill.

[Dr. Balint Orban is a member of the faculty of the School of Dentistry, Loyola University, where he is Professor of Periodontics and continues his valuable research work. He was graduated from the University of Budapest, Hungary.

Dr. Orban possesses the rare qualities of a teacher, a research worker with penetrating powers of observation, and an excellent practitioner. His histologic and histopathologic writings are well known throughout the world.]

For many years, men have believed and claimed that occlusal trauma is a primary inflammation (gingivitis and periodontitis), recession of the gingiva

(atrophy) and many other disturbances such as festoons, clefts, etc. However, no conclusive evidence has been produced to substantiate these claims. At the Periodontia Workshop in Ann Arbor in 1951 (see *J. A. D. A.*, July, 1952), the follow-



Dr. Orban

ing statement was made with regard to occlusal trauma—"Although the literature presents conflicting statements about the role of occlusal trauma, a considerable preponderance of evidence supports the conclusion that occlusal trauma should be accepted as a factor in periodontal disease. However, the evidence is conflicting as to whether or not occlusal trauma alone causes periodontal pockets."

There is no question that occlusal trauma is a factor in periodontal disease, but all evidence indicates that this factor is a secondary and aggravating one. The tissue changes that are produced by occlusal trauma have been investigated in detail. As far back as 1928 (*J.A.D.A.*), your author described the tissue changes. Experimentally, these findings have been

repeatedly confirmed. Recent experiments by Weinmann and Associates* have shown that inflammation is aggravated and spreads faster and farther by simultaneous trauma. In a practical case of periodontal disease, one of our main concerns is to prevent or eliminate trauma as an aggravating factor.

The dentition is exposed to continuous changes in function and structure. The changes include the physiologic mesial migration of teeth, occlusal eruption of teeth—physiologic processes which go hand-in-hand with the continuous apposition of cementum and regeneration of fiber bundles attaching the tooth to the alveolar bone.

These processes take place most favorably if the functional relation between the teeth is most ideal. Malocclusions, occlusal disharmonies, cusp interferences, premature contacts, missing teeth, irregular migration and tipping, unphysiologic tooth replacements all disturb the ideal functional relation of the teeth. It is our duty as dentists to prevent the development of malocclusions and occlusal disharmonies at early ages, to prevent premature loss of teeth and to replace lost teeth in proper functional harmony, etc. In this way, we insure proper functional relation of the teeth.

When the supporting tissues of the dentition are diseased; when natural functional adaptation of the tissues are impaired; it is of paramount importance

†An outline of paper presented at the Clinic Day of the North Side Branch of the Chicago Dental Society, December 3, 1952.

*Personal Communication.

to have the most ideal occlusal relation, preventing and eliminating the secondary damage inflicted by occlusal disharmonies. We have to realize, however, that even despite ideal occlusal relation, masticatory forces might be traumatic in advanced periodontal diseases and here splinting comes into the picture in preventive measures.

The question of occlusal trauma and its treatment is not an exclusive problem of mechanics. It is also a biologic problem and proper understanding of both sides is necessary for successful results.

There are two main *biologic factors* to be recognized:

1. Periodontal diseases are disturbances of the supporting tissues of the teeth. Occlusal disharmonies constitute a serious aggravating factor under such conditions.

2. The supporting tissues of the teeth are built according to functional requirements—the better the functional relation between mandibular and maxillary teeth in every position, the less the strain on the supporting tissues. This assures most favorable tissue response to functional demands.

In fulfillment of these biologic principles, there are three practical considerations: (1) we have to know our *objectives*; (2) we have to have certain *rules*—which will govern (3) our *technique* in achieving the objectives.

Before considering the objectives, rules and technique, it is well to review the nomenclature to be used in the following and as suggested by Dr. Harry Sicher.

"Centric Occlusion"—An ideal position of the mandible in which the components of the masticatory organ—the temporomandibular joint, muscles and teeth are in harmony.

"Hinge Position"—The most retruded position of the mandible which the patient can voluntarily achieve with his musculature.

"Occlusal Positions"—These may be termed as "median," right and left "lateral" and "protrusive." These positions are related *only* to the teeth.

The objectives in occlusal equilibration can be summarized as follows:

1. Equilibrate occlusion and articulation of the teeth to harmonize with musculature and temporomandibular joint. (Centric)

2. Bring occlusal forces into direction of long axes of teeth by bringing lingual cusps of maxillary teeth into central grooves of mandibular teeth and buccal cusps of mandibular teeth into central fossae of maxillary teeth.

3. Distribute forces in eccentric positions to largest possible number of teeth. Eliminate balancing contacts.

4. Establish static relation between cusps and opposing fossae.

5. Reduce steepness of cusp inclines—establish similar inclines on all teeth.

6. Reduce size of contact surfaces.

7. Retain sharpness of cusps and establish smooth guiding planes.

8. Do not interfere with rest position of the mandible.

The rules of grinding the occlusion are as follows:

Hinge Position: Grind fossae (cusps—only if they interfere in eccentric). Grind mesial inclines of upper and distal inclines of lower. Grind incisal edges of lower incisors.

Protrusive: Grind disto-lingual inclines of buccal upper and mesio-buccal inclines of lingual lower.

Lateral: A. Working side: Grind buccal upper and lingual lower (BU—LL).

B. Non-working side: (Balancing). Do not take cusps out of functional contact!

General Rule: *Never* grind a little of the upper—a little of the lower to eliminate an interference.

TECHNIQUE OF OCCLUSAL GRINDING

The technique of occlusal grinding consists of taking occlusally accurate impressions; proper mounting of models in an articulator; diagnosis; trimming casts and grinding in the mouth. The following steps outline the procedure:

1. Impressions are taken with an algi-

nate or colloid material. Special care must be exercised to not trap air bubbles on occlusal surfaces of the teeth. Models must be made of hard stone.

2. Hinge axis of mandible is determined either approximately by palpation; by an average measurement; or by hinge axis determination with an adjustable face-bow. The adjustable face-bow is attached to the lower jaw either by a chin clamp or metal or plastic clutch which is cemented to the lower teeth.

3. Hinge axis is determined by opening and closing mandible on the hinge. If face-bow's hinge indicator is too far up, it moves forward; if too far in front, hinge indicator moves down; if too low, it moves distally; if too far back, it moves up. Hinge axis is the center of rotation of the mandible. Hinge points are marked with indelible pencil or are tattooed with a 30 gauge needle, using indelible ink.

4. Place wax on bite-fork; have patient bite into wax; attach face-bow to bite-fork and place axis indicators of the face-bow on the tattooed hinge points. Attach infraorbital pointer to face-bow and point to infraorbital notch. Remove bite-fork with face-bow.

5. Upper model is mounted in articulator on hinge points and infraorbital point on the horizontal plane.

6. Terminal hinge position of mandible is registered with extra hard wax—two layers with tinfoil between. (Extra Hard TRUWAX made by Dentists' Supply Co. of New York—Tinfoil (No. 003) manufactured by Torit Co. of Minneapolis, Minnesota).

7. Narrow wax sticks are softened in

water 140 degrees F. Patient closes teeth (with mandible in terminal hinge position) with tips of cusps only penetrating into the wax.

8. Lower model is mounted into articulator in terminal hinge position of mandible. A second wax record is taken and mounting is checked.

9. Protrusive bite is registered with wax, similar to that in hinge position. Articulator's condylar inclination is set with protrusive record.

10. Premature contacts and interferences are determined with the use of typewriter ribbon (Madame Butterfly Brand—No. 10 inking— $\frac{3}{4}$ inch, manufactured by Miller-Bryant-Pierce, Aurora, Illinois).

11. Plaster teeth are trimmed with knife according to "Rules of Grinding" and grinding list is made.

12. Grinding in mouth is done with small stones, using typewriter ribbon, wax strips and thin carbon paper.

These objectives, rules and techniques are not original with the author. The credit for establishing these facts has to go to Clyde Schuyler of New York; Henry Beyron of Stockholm, Sweden; McCollum and his followers in California; S. W. Brown, Ashtabula, Ohio; Arne Lauritzen of Seattle, Washington; Bertram Downs of Colorado Springs, Colorado, and numerous others.

The biologic principles in question have been intensively studied, especially by Gottlieb and his pupils. As one of these, I take credit only for correlating the biologic principles with the practical problems of the question.

* * *

AMEN

On his way to the train Glenn encountered his Bishop. "What's your hurry?" asked the Bishop. "There's plenty of time." Glenn told him he was trying to make the 10:20.

"That's what I thought. I am taking that one too. We have 20 minutes . . . Why not walk?" replied the Bishop.

Upon arriving at the station they found that the 10:20 had departed. The Bishop's watch was 15 minutes slow. "Do you know, Glenn, I had the greatest faith in that watch," remarked the Bishop, comparing it with the station clock.

Commented Glenn solemnly: "Of what use is faith without good works?"

LETTERS TO THE EDITOR

December 12, 1952

Dr. Edward J. Sullivan
Editor, Fortnightly Review of the Chi-
cago Dental Society
30 N. Michigan Ave.
Chicago 2, Ill.

Dear Dr. Sullivan:

I have followed with great interest the articles that have appeared in *THE FORTNIGHTLY REVIEW* dealing with relaxation, psychology and matters dealing with the general overall health of the average dentist. Dr. Harding's paper was exceptionally good. It is with these same subjects in mind that I am writing to you personally to associate you with some of the facts concerning a member of the Englewood Branch of the Chicago Dental Society, Dr. S. W. Gutwirth.

At the request of the Alpha Omega Alumni Dental Fraternity, he flew to Cleveland, Ohio, and on the following day, Wednesday, November 19th, 1952, his subject was "The Application of Progressive Relaxation in the Practice of Dentistry." The lecture was followed by a three-hour clinic and demonstration on a subject on the technique in scientific relaxation.

He was the speaker of the evening and presented a paper "Cultivated Physiological Relaxation—The Key to a Longer Productive and Efficient Professional Life."

Since the publication of his article in the May 1952 issue of *Dental Survey* on "Doctor Learn to Relax", and his guest editorial in the same issue on "Physiological Relaxation and Health" he has created national interest in this field of therapy among our profession and various other groups. The requests for his appearance as lecturer and clinician have become nation wide.

In Chicago he is assisting dentists who

are ailing from a common occupational hazard—nervous exhaustion and its complications, and all of this on his own time. He is also helping dentists thru correspondence in various sections of the country and Canada, without any remuneration. Naturally this has taken time away from his dental professional practice. I think these efforts in behalf of the welfare of the dental profession should be known by our group in Chicago. It is obvious his work is much better known outside of this city. He has however addressed dental groups in Chicago prior to his work in other parts of the United States.

I wonder if a prophet is not without honor save in his own country—we of the Chicago Dental Society can well be proud of the work done by Dr. Gutwirth.

Sincerely,

J. C. Black.

October 8, 1952

To the Editor:

PROTEINS are the all-important tissue builders of the whole body, muscles, brain, teeth, endocrine glands, bone, fingernails, everything.

ALL THE SUGAR the body tissues need is obtained through the metabolism of digestion from foods rich in PROTEINS: fresh meat of all kinds preferably broiled and roasted and all WHOLE GRAIN CEREALS. Fresh meat alone is fifty-two per cent sugar, the kind of sugar the whole body needs, and also rich in minerals; natural cheese, eggs, butter and milk—fresh milk—are very desirable foods.

The only lesson from the Cuba experiment is that these people were or are trying to live on impoverished foods apparently entirely devoid of PROTEINS, that is the history all over the world.

(Continued on page 25)

Pack Method and Electrocoagulation in the Treatment of Periodontoclasia*

By S. H. Goodfriend, D.D.S., Chicago, Illinois

[Editor's Note: Dr. S. H. Goodfriend, who is a graduate of the University of Illinois, is a past-president of the Northwest Side Branch of the Chicago Dental Society. He served as a member on many committees of both the Chicago and Illinois State Dental Societies. He developed the Pack Method Treatment described in the following article and has given clinics at Midwinter Meetings of the Chicago Dental Society, as well as at State and National Society meetings, for almost 25 years.]

Pack method is a conservative treatment in restoring tissues to health with the least amount of injury to the hard or soft tissues.

Pack method is not merely packing the gum pockets, but has a definite technique applied to each and every case. Every case is a problem of its own, and should be treated as such. The theory of the pack method treatment is based upon the various changes that take place in tissues undergoing inflammatory reactions. The biological principle of the treatment is basically correct as it involves the processes of inflammation. In inflammation (1) there is an effort to isolate and destroy the effects of the invading irritant; (2) the reparative process which is an effort to restore or repair the injured structures.

In pack method (1) the infection is inhibited or eliminated by the bactericidal action of the pack; (2) the reparative process is aided by its hygroscopic action to help the absorption of the tissue edema, which is concomitant of the inflammatory reaction; to stimulate repair and to prevent reinfection during the process of repair.

The tissues are examined and classified as to vascularity, density and volume. Class 1. Such as in (1). Acute inflammation—the tissues are red and swollen. Class (2). Subacute or chronic inflammation with long narrow pockets. The tissue is dense, pale pink, and maybe bluish in appearance. Class (3). Where there are pockets one-half or more around the root portion of the teeth, with an increase of volume or hypertrophy of the tissue, dull red and bluish in appearance.

FUNCTION OF THE PACK

The pack is hygroscopic and when applied to tissues that are red and swollen as in acute inflammatory gingivitis, it will eliminate the edema and cause a gum recession to solid tissue, exposing the affected parts, enabling the operator to do instrumentation better and in a shorter period of time. Other types of tissues that are dense and where there is an increase in volume, as in subacute or chronic inflammation, there is very little edema and it will not reduce or eliminate the tissue by packing alone. Therefore,



Dr. Goodfriend



Fig. No. 1

*Text of table clinic presented at the 1952 Midwinter Meeting of the Chicago Dental Society.



Fig. No. 2



Fig. No. 3

it becomes necessary to change the gingival tissues into a more hyperemic state in order for the pack to function. This can be accomplished by curetting of the lining of the pocket, . . . and electrocoagulation applied to the crest of the gingivus, removing the slough and then placing the pack into the crevice and over the coagulated area, will it then be possible to cause a gum recession. A pack placed after the slough is removed will further shorten the pocket. Deep coagulation is not necessary. The ingredients of the pack are:

Astringent	{ Powder Zinc Oxide 96 parts
Germicide	{ Cupric Oxide 3.3%
Resin	{ Benzoin Compound .7%
Anodyne	{ Liquid Oil of Cloves 98%
	{ Balsum of Peru 2%

TECHNIC OF PROCEDURE

1. Study casts are made of the mouth—and mechanics considered to bring about a balanced occlusion, upon which the success of your treatment is dependent.
2. Any question of systemic disorder—patients are advised to have a complete check-up before treatment.

TREATMENT

Remove all irritants that can be seen before treatment. For all cases where the tissues are red and swollen (Fig. 1) mix powder and liquid into a thick putty-like mass. Take or cut a portion of the

pack a little larger than the space or pocket to be packed, and wrap a small wisp of cotton around it and apply. Pack into pocket with a pellet of cotton up to the contact point. Pack from one to six teeth at a time. (Fig. 2-3.) Place a cotton roll on opposite side when packing to keep pack in place so that when applying the pack it is not pushed out. Apply dry foil over the teeth, packs, and gingiva, or pat in strands of cotton into pack as a binder to hold in place. Advise patient to eat on other side.

Dismiss patient for one or two days. Remove packs, swab area with 10% silver nitrate to root surfaces as a disclosing and desensitizing solution. The chemical action of the pack precipitates the silver nitrate on the root surface. (Fig. 4.) This can easily be removed by scaling and cleaning, which is done at this sitting.

In the case illustrated (lower anteriors) marked X to X, the edematous tissue was eliminated by packing alone above area marked from cuspid to cuspid. To eliminate the remaining periodontal infection, the pockets were probed and treatment continued. The lining of the pockets was curetted and allowed to bleed freely. This can be done painlessly—without a local anesthesia. On the labial, a topical anesthetic is applied on the crest of the gingivus and then sprayed with cold water, or wet cotton rolls are used. Apply the coagulator to the crest of the gingiva, remove the slough and pack into the gingival crevice and over the sloughed area. Fill the en-

tire space up to the contact point and over the labial and lingual gingiva. Let it remain two days. This may have to be repeated from two to five sittings depending on the density of the tissue and the depth of the pockets. Final Treatment: When the gum tissue has receded about 2 mm. above the base of the pocket, apply a thick mix of the packing into the space up to the contact point and over the receded gingiva, and allow to remain about five days. Remove dressings, clean and polish the teeth.

When the infection covers a wide area, as in Class 3 shown by Fig. 1 upper posteriors: The area was given a local anesthetic. The septal tissues were cut—all granulations removed and loose gum tissue coagulated 2 or 3 mm above the base of the pocket and area swabbed with 10% silver nitrate. Results of the treatment, Fig. 5. The tissues were coagulated and packed so that upon healing they would be shaped to a normal festooned gingiva. A thin creamy mixture of the pack was made and cotton about $\frac{1}{4}$ inch thick and 3 inches long was cut up into $\frac{1}{2}$ inch pieces. Each piece was well saturated into mix and applied over exposed bone between and around the teeth. A heavy mix like putty was made, and portions cut off and a wisp of cotton wrapped around it as a binder and applied to the dressing and firmly packed up to contact point and over buccal and lingual gingiva. The first dressing to relieve pain and pressure; and the second dressing to control hemorrhage. Allow to remain seven days to permit healing.

SUMMARY

The pack method is applied to tissues that are red and swollen, as in acute marginal gingivitis, and will eliminate the infective process in one treatment.

It is necessary to change dense or hypertrophic tissue into a more hyperemic state for the pack to function.

The materials used are harmless—self-limiting in action.

The pack in conjunction with electro-coagulation shortens pockets without deep coagulation.

A water cooled tissue will respond better to coagulation with a minimum of discomfort.

There are no contraindications and patients hospitalized can be treated comfortably.

A treatment is discussed that any general practitioner can apply.

REFERENCES

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Fig. No. 4



Fig. No. 5

NEWS AND ANNOUNCEMENTS

DR. GERARD CASEY AND MR. BERNARD CONWAY NAMED A. D. A. COUNCIL SECRETARIES

Two staff members of the American Dental Association, Dr. Gerald J. Casey and Mr. Bernard J. Conway, have been named by Dr. Harold H. Hillenbrand, A. D. A. secretary, to serve as secretaries of Association Councils, effective January 1. Dr. Casey, who has been assistant secretary of the Council on Dental Education will become secretary of both the Council on Hospital Dental Service and the Council on the National Board of Dental Examiners. Mr. Conway, assistant secretary of the Council on Legislation, will become secretary of the Council on Federal Dental Services and Council on Dental Trade and Laboratory Relations. None of these four Councils previously had a staff secretary. Dr. Casey formerly was a member of the faculty of the Chicago College of Dental Surgery, dental school of Loyola (Chicago) University. He joined the staff of the A. D. A. in October 1950. Mr. Conway, a graduate of the Loyola University Law School, joined the A. D. A. staff in December, 1949. Dr. Walter E. Dundon, treasurer of the Chicago Dental Society, is a member of the A. D. A. Council on Dental Trade and Laboratory Relations of which Mr. Conway is secretary.

CAUTION URGED IN USE OF CHLOROMYCETIN

The Journal of the American Dental Association warns dentists against indiscriminate use of chloromycetin (chloramphenicol). The drug, which had been suspected of causing blood disorders, was recently investigated by the Food and Drug Administration of the Federal Security Agency. The F.D.A. decided to permit continued distribution under re-

vised labeling which cautions against indiscriminate use. "Until it has been demonstrated definitely that the use of chloramphenicol in the treatment of dental disorders has no deleterious systemic effect, most dentists wisely will use other drugs in the treatment of their patients," the *Journal* stated.

N.U.D.S. HAS NEW ELECTRON MICROSCOPE

An electron microscope which can enlarge 20,000 times is in use at Northwestern University dental school, it was announced recently by Dr. Charles W. Freeman, dean.

The new microscope will make visible particles only a few atoms thick and will allow Northwestern research workers to see a great number of molecules within the human tissues.

To help visualize the power of the microscope, Dr. Freeman pointed out that a 25-cent piece, if enlarged proportionately by the instrument, would be more than two city blocks in diameter.

The University scientists hope that study of the submicroscopic structure of both decayed and healthy teeth will ultimately furnish information leading to a solution of the problem of dental decay.

Northwestern's dental school is presently the only one in the world to have its own electron microscope devoted exclusively to the study of dental problems. With it, the dentists will be able to see details of tooth structure never before made visible.

For more than a century, dental research workers have been studying the structure and composition of the teeth with the optical microscope which has obvious limitations. The new microscope utilizes a beam of electrons rather than a

(Continued on page 26)

NEWS OF THE BRANCHES

NORTH SIDE

Monday, March 2nd, is the date for Northsiders to again assemble at the Edgewater Beach Hotel, for the third regular meeting of the '52-'53 season. Program chairman, Earl Hullison, and his committee have secured Dr. Chester Frankewicz, who will discuss, "Psychomatic dentistry and its relation to full dentures." . . . The North Side especially wishes to extend to its new members a most hearty welcome to attend the meeting March 2nd. Congratulations to Orville Larsen and his committee for securing the following new members: Ulysses Argianas, Robert E. Harris, Victor Izui, John J. McAndrews, Joe M. Nakayama, Russell L. Parker, Carl H. Shoemaker, Y. Paul Tsukakara, and John R. Caringella. . . . Sidney Asher was a clinician at the meeting of the Johnson Orthodontia Alumni Club. Stan Goldberg and LeRoy Levey also attended the same meeting which was held Jan. 17th to 21st at Louisville, Kentucky. . . . Earl Hullison is back at work after enjoying a Florida vacation with his family. Arthur Allen and Frank Garfin also found Florida a fine spot to spend time vacationing. Meyer Poliak and his Mrs. vacationed in Mexico, traveling via the airways to and from. . . . Congratulations to the Bernard Katzs, parents of a new son born in early January. . . . It's good to report that Joe Krohn is back at work again. Joe underwent major surgery during the past holidays. . . . As always with a feeling of sadness, your correspondent reports the passing on of three of our members. Dan U. Cameron died Dec. 13, 1952. Jerry Couch died Jan. 17, 1953. Dr. Reginald G. Freedlund died Jan. 22nd, 1953. To the families of these men the North Side branch extends a most sincere expression of sympathy.—*Edward O. Benson, Branch Correspondent.*

NORTH SUBURBAN

'Tis the fortnight of the Midwinter Meeting and all through the branch there's a bustle of activity as our officers, essayists, and clinicians ready the last phases of their efforts. A number of No. Sub. men are large-scale contributors to this big event, and since this column will be exposed to view after the meeting, we wish to thank all those who have been working so arduously to make the meeting successful. . . . Although many of our members are jaunting off to warmer climes, this reporter has word of just one—that is Bob Koch, who is relaxing at Fort Lauderdale. We imagine Mary is with him. You know, someone ought to stimulate that fellow to show his face around town. . . . While on the subject of vacations, your scribe might mention that his wife is taking him south for a few days immediately after the meeting. He'll be back in the office on the 19th. . . . Captain Paul Wells is announcing the selection of members, Adrian Swanson, Grant MacLean, and Cyrus Hill for promotion to Commander in the Naval Reserve. Groucho MacLean thinks he has been promoted out of further service. Heh heh!! . . . C. D. S. President Jim Keith and Director Harry Chronquist were visitors at a recent Lake County Dental Society meeting. We wonder how the President stands the gaff of all the banquets, dinners, meetings etc. he attends, and still maintains his youthful physique. . . . President Edward J. Sullivan of the Evanston Ass'n of Dentists, who is reputed to be editor of this scandal sheet, is wondering where his membership is on Monday noons. . . . Hal Schelhas was called out of town suddenly by the death of his father and upon his return was laid low by that virus called X. . . . Wally Wallis has had the sniffles but has managed to stay at work. . . . According to our season dinner ticket, the next meet-

ing of the branch will be March 10 at the Georgian. Russ Johnson hasn't sent down any press releases on this one, so you'd better be there to see what's on the docket. . . . In the meantime, we'll be looking for you at the Hilton and thinking about you while we're away. We'll be seeing you and expecting some printable news after the 19th. Bye' y' all.—*Robert B. Jans, Branch Correspondent.*

WEST SIDE

Florida seems to be the haven for most of our West Side dentists for fishing, sunbathing, golfing, horseracing, and going to the dogs. This includes the president, W. Kelly, and your branch correspondent. The two Walters, Zipprich and Kelly, spent several days together taking in the sunny Florida weather, doing some of the things above-mentioned. Since his return from Florida, the president (I don't mean Eisenhower) has had a touch of the flu; we all wish him a speedy recovery. . . . I received a card from George N. Frost who expects to spend two months in Florida. . . . Happy to know that Joe Gorman has just recovered from the flu. Good luck, Joe. . . . Sol Shiret took time out last Wednesday to have lunch with his fellow classmates from C.C.D.S. Incidentally, Sol helped to make our class 25th anniversary celebration a huge success. . . . Our very capable and genial secretary of the Dental Society, Sam Kleiman, spent ten days at the Greater New York meeting, scouting for new talents for the Essay Programs for the Chicago Dental Society. I'm sure your efforts are well appreciated by your fellow Society members. . . . Our hard-working chairman of the dinner committee, John Reilly, had a very disastrous experience when his office was burned down to the ground. Fortunately a friend in need is a friend indeed and his good friend, Leo Cahill, gave him office space so that he can carry on his practice. To have a sincere friend like Leo Cahill is like having a million dollars in the bank and I am happy to

know that he is one of my best friends. . . . Jim Dillon went down to St. Louis to settle his family's estate which involves property and from what I understand some oil wells in Oklahoma. I hope they still are pumping oil, it couldn't happen to a better friend. . . . The West Side meetings have been well attended as well as the parent Society meetings by our West Side members. Keep up the good work. . . . The new nominating committee for the ensuing year consists of: Ed. Rus, Mike DeRose, Bill Gubbins, Al Sells and Adolph Stark. . . . Many thanks to my associate correspondents, Sam Kleiman, Maurice Berman and George Walls for their tireless efforts in contributing the excellent news for our West Side Branch and for writing the columns during my vacation. . . . To all Loyolians, mark down these dates: April 15th and 16th for our Annual Homecoming Clinics and Banquet.—*Joseph F. Porto, Branch Correspondent.*

ENGLEWOOD

Here we go again. I see by the paper that West Germany just passed a bill legalizing 16% beer. Who the heck sez we won the war? Frothblowers please line up orderly-like at the right. . . . Whee! I never thought that I'd live to see the day, but here it is right here on my desk—the very first of my famous post cards! One of them finally came home, fellas, no foolin'. That leaves only 4,999 to go. And this one from no one less than our good friend O. E. Johnson, bless his li'l ol' heart, and he tells me that he will very soon take off for Palo Alto, Calif. for two weeks to visit with his father who is on the sick list. Also, he reports that T. P. Cavanaugh will be on hand Feb. 5th to make the Big Show, returning by that date from three weeks in Miami Beach, Fla. . . . Ralph Rudder has been tanning in Fla. since Jan. 10th, but he, too, will be back in time for the Midwinter. . . . A couple of the boys are going to do their sneaking right after the big week. Al Tanis will fly to Fla.

and Ray Van Dam will head somewhere south too. . . . Our dear friend, Milt Cruse, is on his way to spend some time with his son in San Antonio, Texas. . . . So much for the warm side of the picture, and a peek at things a bit cooler. Ray Marcus and frau are doing a little skiing in Winter Park, Colo. for the next two weeks or so. Ray wants to know if there are any other Englewood men interested in the sport? If so, why not get together and save on wax? . . . I sincerely hope that *you* are not reading this copy through red eyes. Ol' Man Flu has been sitting in the reception room of too many Englewood-en heads, and seems to have had appointment cards with many. Les Kalk is sick in bed with the bug, as is Jack Manning. . . . Harry Kazen was still up and about when I talked with him but he was feeling mighty punk-ish and had his plans all made to crawl into bed with a bottle of V.O. Gad! I *would* feel fine, drat it—how does one go about getting this here flu? . . . R. J. Gates may be the next, 'cuz his daughter came up from North Carolina to do some plain and fancy goose shooting with her pa. Hope they kept their feet dry. . . . (Joe (pronounced Djaughe) and his ma both are pushing that red stuff outen the top of the thermometer, so I too have a speaking acquaintance with the malady and it ain't no fun. . . . The South Side Dental Assistants' Association held their most recent meeting on Jan. 13th at Nielson's—same date and same place as we. Their speaker was Bob Fine who spoke to them about inlay investment and casting. On the second Tuesday of March they will hear themselves as others hear them. The Illinois Bell people will present "Hear Your Voice" for their entertainment and benefit. These young ladies would like to meet *your* assistant at the meeting. How about it, won't you make every possible effort to get your girl and her friends interested in this most worthwhile movement? Remember, a "satisfactory" assistant is one thing, but an *interested* and *enthusiastic* girl is quite a different thing. . . . Well, he finally made it, fellows. Fick is ready to move into his

new building. Good for you, Al, and lots of luck, too. . . . Our eager beavers Lucas, Vermeulen, Starshak, and Kazen are to take two days' work under Dr. Thompson at Northwestern. Object: how to make fixed bridges that *fit*. . . . This really is travel time. Ken and Mrs. Poust are going to do California, and E. C. Warfield and Mrs. W. are heading south and west for a month. . . . Here at home, Englewood's triple-play-boys (Milas to Kalk) are on the program at the Hilton, and Oaf is acting as chairman of the general arrangements for the American Association of Endodontists at their annual meeting held during the winter meeting. . . . Sorry to hear that W. Ziervogel is closing his office for a bit due to his ill health. . . . And speaking of offices, Ed Glavin is up to here in moving. Dick Parro has returned from service (Germany) and wants his diggings back, so Uncle Ed is locating in a ground floor set-up near his regular stand, and when asked how the deal was dealing, could only remark, "Oh gosh!" He did manage to Simoniz his car however, and found out that the darn thing was black anyway. . . . Stan Pacer wants it known that his team has been doing a fine job of examining school children. The men checked 550 kids at Sacred Heart and over 90 more at St. Mary (Greek Catholic) School. He wants to thank Walter Raczynski, Siedlinski, and Stan Jedlowski for their able assistance. I feel that we all should join Stan Pacer in this. . . . Bob Straub has Stanley J. Harris booked for our March meeting. Subject, "Pain Control." Come early to get seats. Bob has certainly produced this year. Witness Dr. Gieler's scholarly presentation at the Jan. 13th meeting. And weren't the slides beautifully projected? Who in the world does the job for Englewood? Just wonderfully done. . . . I was so proud of Lester Kalk too—he stayed wide awake *all evening*. A Sanka Salute to you Les, and mebbe Sanka should get some of the credit? . . . Ora Medsker now has six clusters on his grandpappy medal. Latest one issued Nov. 23 of 1952. . . . I see

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The following applications have been received by the Ethics Committee: Any member having information relative to any of the applicants, which would affect their membership, should communicate in writing with George H. Welk, 1400 N. Central Ave. Anonymous communications or telephone calls will receive no consideration.

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(Continued on page 29)

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LETTERS TO THE EDITOR

(Continued from page 14)

When the Eskimos ate only fresh meat that they were accustomed to eating for centuries, they had no decayed teeth and practically no illnesses; when the American grocery with its impoverished so-called food arrived, the entire health picture changed rapidly. This has been proven over and over again by the Eskimos and the African tribes.

When Professor Frederick Starr traveled all over Africa in search of a perfect specimen of manhood and womanhood, he found a tribe in the central equatorial part of the continent which he pronounced the most perfect he had ever seen, illness and tooth decay practically unknown or entirely unknown. They were heavy protein and whole grain cereal eaters. Canned foods, refined sugar and WHITE flour foods were unknown to them fortunately at that time.

WE MUST TEACH MOTHERS AND PROSPECTIVE MOTHERS TO EAT ONLY FRESH MEATS, WHOLE GRAIN CEREALS, BUTTER, EGGS AND NATURAL CHEESE FOODS AND TO SO FEED THE CHILDREN AND OF COURSE THE WHOLE FAMILY, ALSO OF COURSE FRESH MILK.

ALL REFINED SO-CALLED FOODS MADE OF WHITE SUGAR AND WHITE FLOUR MUST BE EXCLUDED FROM THE DIET IF WE WANT TO HAVE HEALTHY CHILDREN AND GROWNUPS, AND IF WE ARE DETERMINED TO CONQUER THE TOOTH-DECAY PROBLEM, AND BUILD UP RESISTANCE TO ALL OTHER FORMS OF DISEASE.

Perfect animals get all the sugar they need from the natural foods rich in proteins and minerals they eat, and of course supplemented with plenty of sunshine, fresh water and air. Let's all try to follow their example for a while and watch the hospitals empty out.

(signed) John D. Lyding

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NEWS AND ANNOUNCEMENTS

(Continued from page 18)

beam of light to form an image that can be photographed.

Principal interest of the scientists will be centered on the study of enamel, the outermost layer of the tooth crown, and dentin, the innermost layer of hard tissue.

Enamel is the tissue first involved by decay, Dr. Freeman points out, and is the hardest tissue in the human body. When seen under the electron microscope, it appears not as a smooth surface, but as an array of pronglike crystals only a few molecules in length.

Dr. James J. Kennedy, assistant professor of pedodontia, has been awarded a grant of \$5000 from the U. S. Public Health Service for work with the microscope, Dr. Freeman said. This project will be devoted to an investigation of deciduous teeth. A grant of \$5000 for general electron microscopy has been given by the Crouse Fund.

VINCENT W. O'BRIEN

Dr. Vincent W. O'Brien, a member of the Englewood Branch of the Chicago Dental Society, died November 10, 1952. He was a 1919 graduate of Northwestern University Dental School and practiced for 32 years at 757 West 79th St., Chicago.

Survivors are his widow, Vivian; a daughter, Mrs. Joan Moroney; a son,

Lt. Vincent of the Air Force; three brothers and six sisters. We extend our sincere sympathy.

DR. GEORGE W. PARRILLI 1907-1952

Dr. George W. Parrilli, 45, died August 29, 1952, at Columbus hospital, Chicago, where he had been a patient for some time. A funeral Mass was said for Dr. Parrilli at St. Gertrude Catholic Parish. Born in Chicago, February 10, 1907, Dr. Parrilli attended the McClaren Grammar School, the Medill High School; later the Loyola University for his pre-professional studies and graduated in Dentistry from Loyola University Dental School in 1933.

After graduation, he began his practice at 2400 West Madison St. and practiced there until his death. His office contained the most modern equipment in the dental field. From 1943 to 1945 he served with the Army Air Force as Captain at Peterson Field, Colorado Springs, Colorado. He was a leader and active worker in the Arcolian Dental Arts Society serving on many important committees, offices, and also its presidency.

Surviving Dr. Parrilli are his wife, Genevieve; daughter, Marilyn, 13; and sons Gerald 14 and Billy 9; also his parents, Mr. and Mrs. Mathius Parrilli, his brothers Frank, a dentist; William, a psychiatrist, Joseph, Charles, Daniel, and sister, Antoinette, all residing in Chicago.
—Michael De Rose.



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ABSTRACTS

(Continued from page 8)

do not ordinarily cause dental caries as they do not rapidly penetrate the plaque, or come in contact with the tooth, providing a well formed plaque is present.

It is suggested that there are beneficial plaques and harmful plaques. Both have a tremendous buffering capacity. The plaques from caries active mouths neutralize large quantities of acid, but not nearly so much as that from caries immune mouths. A few fortunate people can ingest fairly concentrated sugars and not become caries active because of a buffering capacity sufficient to neutralize the acids derived from sugars. The buffering capacity can be increased by refraining from sugars and starches for a short period of time. The protecting influence of the plaque will be decreased if concentrated sugars are continuously ingested for long periods.—*"THE EFFECT OF SUGAR ON THE DENTAL PLAQUE,"* by L. S. Fosdick, Ph.D. *Southern California State Dental Journal*, November, 1952. O. C. L.

NEWS OF THE BRANCHES

(Continued from page 21)

where astronomers have perfected a new lens which makes it possible to see one hundred thousand stars on one plate. That lens ought to come in kinda handy in looking for the pork chop on the

restaurant "blue" plate, no? . . . So-o-o-o-o-o, as Tom Starshak said as he finished his cigar, "I guess I'm about at the end of my rope".—*Piedtyper of Ramblin', Branch Despondent, Local 602.*

WEST SUBURBAN

TAKE SPECIAL HEED—the March Round Table meeting is a super-bonus. Your committee has been fortunate enough to have Dr. Max Sadove present "Anesthetic and Analgesic Properties of Trimar." Doctor Sadove is professor and head of the department of Anesthesiology at the College of Medicine, University of Illinois. He is chief of anesthesiology at the Research and Educational Hospital of the same institution and, in addition, heads the same department at the Veterans' hospital at Hines, Illinois. His discussion will deal with Trimar which is a brand of trichloroethylene USP. Trimar has been gaining widespread favorable interest throughout the world. With Trimar, analgesia is induced and maintained easily and safely—for minor surgery or painful treatment. It is particularly effective for treatments given to the ambulatory patients. Since the dental patient is kin to all of this, this material is especially effective in the hands of the well trained dentist. Your correspondent has seen demonstrations on patients using this material—as a matter of fact—his curiosity got the better of him—and he

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tried it on himself! Let's get back to our speaker. It amazes me how our program committee has consistently provided excellent speakers with up-to-date topics. In arranging to have Dr. Sadove, we have reached the millennium! Here is an individual who breeds confidence in his students. His knowledge of any phase of anesthesia is superb. His recent outstanding accomplishment was the extended safe sleep he provided for the now famous Brodie twins (Siamese twins) who were separated early in December, 1952 here in Chicago at the University of Illinois. Those of us with any sense will call Joe Komarek and make a reservation for luncheon and this meeting on Monday noon, March 2, 1953 at the Oak Park Club at Ontario and Oak Park Avenue in Oak Park, Illinois. Be there! . . . On April 6th the Round Table committee will present Dr. William P. Schoen, editor of the *Journal of the Illinois State Dental Society*. His topic will be "The Illinois State Dental Journal

and Its Relation to the Dental Society." I am certain that he will divulge a tremendous amount of information. More about this when the information comes through. . . . Among the Florida visitors was Howard Buchner and his family. He returned well browned—allover. . . . Al and Mrs. Cerney also visited the sun country staying at St. Petersburg for two weeks. . . . Van Cura writes that Joe Hudlik, who has been active in politics in Berwyn, has filed as Republican candidate for township supervisor. . . . George Chott and his family have arrived in Florida for a three-week vacation. . . . Laddie Kulhanek left shortly before the end of January for the land of sunshine, down Florida way. . . . A note from Ernie Irish reveals things are going well—even though he trips over an occasional plumber or decorator—who are still around adding final touches. Hello to the gang from Ernie. . . . More anon.—Anthony J. Malone, Branch Correspondent.



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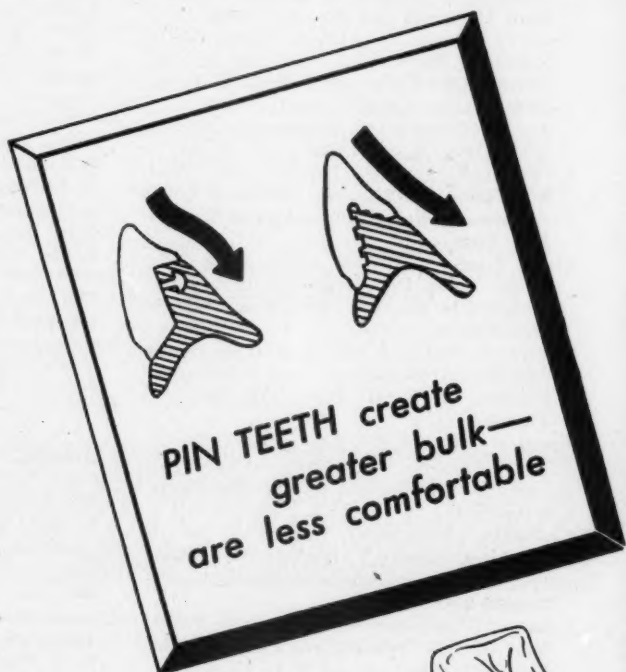
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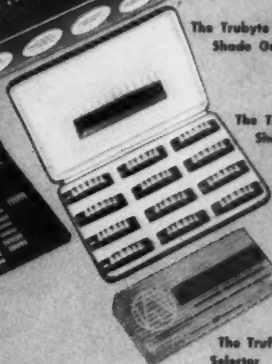
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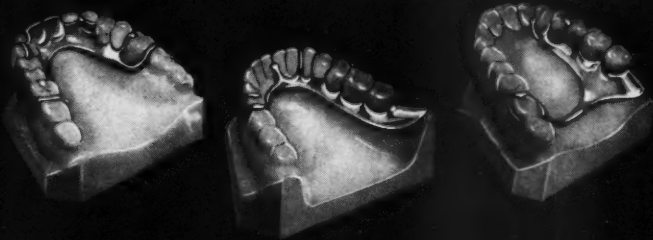
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